

January 2017 Issue

Centers for Medicare & Medicaid Services

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Welcome!

This month's newsletter provides an overview of and highlights from the 2016 newsletter. It also discusses the Measure Applications Partnership (MAP). Every edition will include links to the latest CMS Blueprint, as well as a calendar of upcoming opportunities and events.

We hope you find this newsletter useful and we welcome any feedback or suggestions to make it even better. Please send comments or suggestions for future newsletters to MMSSupport@battelle.org.

Measures Management & You Highlights from the 2016 Newsletter

We began this newsletter a year ago with the goal of bringing to you the latest information about measure management as well as a calendar of upcoming opportunities and events. This column, *Measures Management & You* is geared towards a broad audience with a shared interest in measures management, including measure developers, healthcare associations, providers, and others. We discussed the Blueprint (January and May), measures inventory (February), technical expert panels (April), patient and family engagement (June), measures under development (July); the CMS Quality Measures Development Plan (August), public comments (September), information gathering (October), the Quality Payment Program (November), and Quality Strategies (December).

Measures Management Up Close is focused on explaining measure development and implementation in more detail. In the past year, we have looked at the history of the measures

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management system (January), provided a high-level view of the process (February) and detailed each of its phases: conceptualization (April), specification (May), testing (June), implementation (July), and use, continuing evaluation, and maintenance (August) to help you understand the process. We then looked at specific topics such as harmonization (September), endorsement (October), the business case (November), and the measures under consideration (MUC) list (December).

In each edition, we alert you to upcoming opportunities in which we encourage you to participate. These opportunities include invitations for public comments, opportunities to participate in technical expert panels (TEPs), or other events that might be of interest to you. We also let you know about upcoming events. We hope that it has been informative and helpful and appreciate all comments and suggestions.

If you have missed a newsletter and/or want to revisit a topic mentioned above, you can find last year's newsletters on the MMS website at: <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/MMS/MMS-Listserv.html>

Measures Management Up Close

Each month, we will bring you an introspective look at a measures management topic.

Measure Applications Partnership (MAP)

Last month, we discussed the first step of pre-rulemaking, the Measures Under Consideration (MUC) list. This month we will look at the second step in the process, the Measures Application Partnership (MAP), currently managed by the National Quality Forum (NQF). While this is the next step for the MUC list, other programs that are not mandated to go through pre-rulemaking may submit their measures and measures sets directly to the MAP for additional input.

The MAP informs the selection of performance measures with the goal of improvement, transparency, and value for all. It aids discussion among stakeholders to build consensus in a transparent open forum. The input from the MAP provides CMS with an additional level of expert stakeholder involvement and helps build consensus. This input helps inform the Department of Health and Human Services (DHHS) on the selection of performance measures for federal health programs.

So, how does it work? There is a MAP coordinating committee with four working groups (hospital, clinician, post-acute care/long-term care (PAC/LTC), and dual eligible beneficiaries) that review the measures under consideration. Members of the workgroups include organizational representatives interested in or affected by the measures, subject matter experts, and federal government liaisons. They follow a four-step process:

1. Develop the program measure set framework
2. Evaluate the MUCs for what they would add to the program measure set
3. Identify and prioritize gaps for programs and settings
4. Develop recommendations for removal

The MAP asks a series of questions about each measure under consideration. For example, does it address a critical quality objective or challenge? Is it an outcome measure and evidence-based? Does it overlap with or can it harmonize with any existing measure? Does it contribute to efficient use of resources and can it be feasibly reported? Does it support alignment of measurement across programs?

Ultimately, the MAP Workgroups must reach a decision about every measure under consideration. Those decisions are: Support for Rulemaking, Conditional Support for Rulemaking, Refine and Resubmit Prior to Rulemaking, or Do Not Support for Rulemaking. While DHHS is required to consider the MAP's analysis and advice, the final decisions about measure selection and implementation in public programs is solely within DHHS' authority. If DHHS decides to implement a proposed non-supported measure for rulemaking via the Federal Register process, CMS must provide a rationale for that decision.

This is the schedule for the 2017 cycle:

- The Coordinating Committee meets January 24-25

- Recommendations on all individual measures under consideration submitted by February 1
- Guidance for hospital and PAC/LTC programs submitted by February 15
- Guidance for clinician and special programs and cross-cutting guidance submitted by March 15

For more information, visit the CMS Pre-Rulemaking web site: <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityMeasures/Pre-Rule-Making.html> and the NQF MAP web site: <http://www.qualityforum.org/map/>.

Upcoming Events

All times shown are Eastern Time zone

- Home Health Quality of Patient Care Star Rating Call on January 19, 2017 at 1:30-3:00 PM
 - Register for the event [here](#)
- Medicare Quality Programs: Transitioning from PQRS to MIPS Call on January 24, 2017 PM
 - Register for the event [here](#)
- ASC: Help, I'm New: The Why, Who, What, Where, and When of the ASCQR Program webinar on January 25, 2017 at 2:00-3:00 PM
 - Register for the event [here](#)
- IPFQR Program: Collecting and Entering Healthcare Personnel Influenza Vaccination Data webinar on January 26, 2017 at 2:00-3:00 PM
 - Register for the event [here](#)
- Question and Answer Session I –CY 2016 eCQM Reporting webinar on January 30, 2017 at 2:00-3:00 PM
 - Register for the event [here](#)
- PCHQR Program 2017 Update to Measures webinar on January 31, 2017 at 2:00-3:00 PM
 - Register for the event [here](#)

Upcoming Opportunities

Opportunities for [Public Comment](#) on quality measures

- Inpatient Psychiatric Facility (IPF) Outcome and Process Measure Development and Maintenance - Medication Reconciliation on Admission
 - Public comment period opens January 18, 2017, and will close on February 10, 2017.

Please check the [CMS Quality Measures Public Comment Web Page](#) for current Public Comment announcements and summary reports.

Opportunities to participate in a [Technical Expert Panel \(TEP\)](#)

- Hospital Quality Star Ratings on Hospital Compare
 - TEP nomination opened December 28, 2016, and will close on January 30, 2017.

Please check the [CMS Quality Measures Call for TEP Web Page](#) for current TEP membership lists and meeting summaries.

New to the listserv or miss a month? Find all of our announcements [here](#).

Please send comments and suggestions to MMSSupport@battelle.org.

